

**REPORT OF FINDINGS FROM FOCUS GROUPS**

*CONDUCTED FOR*

**GMMB**

*ON BEHALF OF*

**FIRST 5 CALIFORNIA**

PETER D. HART RESEARCH ASSOCIATES, INC.  
MAY 2005

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### APPENDIX

#### Discussion Guide

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## OVERVIEW OF METHODOLOGY

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Peter D. Hart Research Associates, Inc., conducted 15 mini focus groups or “triads” during the first week of May 2005 for GMMB on behalf of First 5 California. This exploratory qualitative round of discussion sessions is the second phase of the research effort; the first comprised an informal review of relevant public opinion studies on the topic of childhood obesity, including lifestyle issues such as diet, eating routines, and physical activity.

The purpose of these specially designed focus groups was to explore several topics, including parents’ inventory of their young children’s typical routines related to eating and physical activity (including such issues as snacking and TV watching), how parents view their role vis-à-vis their children’s weight, diet, and activity habits (including parents’ level of information and awareness concerning these issues as well as their relative sense of control regarding them), and which messages and contexts prompt parents to change their behaviors on these issues as they relate to their young children.

The intent in recruiting participants for these sessions was to represent the core constituencies or target audiences for a future communications campaign. Specifically, participants in all the sessions have at least one preschool-age child (ages two to five) living in their household (single and/or divorced parents have their children living with them at least three days per week). In addition, all participants consider themselves to be heavier than their ideal target weight (not specifically defined, but left for them to interpret) and report that they and their young children each have at least two additional risk factors for being overweight (for example, eating fast food at least three times per week, not getting regular exercise/physical activity, and not eating regular servings of fruits and vegetables).

Each session included four to six participants, a smaller panel than would comprise a typical focus group session. This methodology was purposefully developed to provide a sensitive and insightful setting in which to approach these very personal topics, including issues that some parents consider delicate subjects, such as eating habits, parenting techniques, and daily family routines. Given that weight and the related topics of diet and activity/exercise are highly charged and often judgment-evoking topics in American culture, these conversations are more effectively conducted in small, intimate groups that are designed to allow participants more freely to discuss their challenges and emotions concerning these issues.

As the following table illustrates, participants were drawn from California's diverse population, including the "general market" audience (which includes whites as well as English-speaking Hispanics and Asians), Hispanics who speak Spanish at home, and African Americans.

**FOCUS GROUPS ON YOUNG CHILDREN AND HEALTHY LIFESTYLES  
(BY LOCATION) \***

GROUP COMPOSITION/DATE	TIME
<b>SAN DIEGO/MAY 1, 2005</b>	
General market college-educated mothers .....	2:30 p.m.
General market non-college-educated mothers.....	4:00 p.m.
General market non-college-educated fathers .....	5:30 p.m.
<b>SOUTH LOS ANGELES/MAY 2, 2005</b>	
General market non-college-educated mothers.....	5:30 p.m.
Hispanic English-speaking mothers (English) .....	7:00 p.m.
African-American mothers .....	8:30 p.m.
<b>BERKELEY/MAY 3, 2005</b>	
African-American mothers .....	5:30 p.m.
African-American fathers .....	7:00 p.m.
General market non-college-educated mothers.....	8:30 p.m.
<b>CLOVIS-FRESNO/MAY 4, 2005</b>	
Hispanic Spanish-speaking mothers (Spanish) .....	5:30 p.m.
General market non-college-educated mothers.....	7:00 p.m.
General market non-college-educated fathers .....	8:30 p.m.
<b>LOS ANGELES COUNTY-ENCINO/MAY 5, 2005</b>	
Hispanic Spanish-speaking mothers (Spanish) .....	5:30 p.m.
Hispanic Spanish-speaking mothers (Spanish) .....	7:00 p.m.
Hispanic Spanish-speaking fathers (Spanish).....	8:30 p.m.

\* All mothers and fathers in the groups have children age two to five, believe that they are heavier than their target weight, and report that both they and their young children have at least two additional risk factors for being overweight. "General market" includes whites as well as English-speaking Hispanics and Asians.

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## II. REPORT FINDINGS

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The findings from the 15 focus group sessions or “triads” that Hart Research conducted throughout California during the first week of May provide valuable guidance for identifying the key challenges and opportunities that GMMB and First 5California face in preparing to launch a major initiative to promote healthy lifestyles for young children and combat childhood obesity. The insights from these diverse qualitative sessions provide an important foundation for informing the upcoming communications campaign by establishing how parents perceive issues of diet and nutrition, physical activity, and maintaining a healthy weight for their preschool-age children.

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### A. CHILDREN’S WEIGHT, NUTRITION, AND PHYSICAL ACTIVITY IN CONTEXT

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Overwhelming, parents report that issues related to food, diet, and nutrition are top priorities for them in ensuring that their young children grow up healthy. They freely and immediately volunteer a range of food and nutrition concerns when they are asked to identify the challenges that they face in raising healthy children. Parents report that they deal with these issues every day, that these issues permeate their daily routine with their children. In fact, parents in these sessions rank concerns specifically related to proper nutrition and healthy eating as top-tier priorities. The summary table of parents’ expressed concerns about their children’s health (an easel exercise conducted at the beginning of all the focus group sessions) is extremely telling in this regard and is included in the third section of this report.

While the salience of concerns specifically related to diet and food choices is unanimously high among all groups of parents, mothers especially focus on them, while fathers place them in the context of a somewhat broader agenda, which includes such issues as discipline, proper sleep, consistent routines/schedules, and regular medical care and immunizations.

“These issues are number one for me, you know, if they’re eating healthy foods. So much depends on that.”

*San Diego college-educated mothers*

"This is a big deal for me. I'm not healthy, and . . . growing up, there were always issues (with overeating). I don't want her to grow up like that. . . . It's a big concern."

*Berkeley African-American fathers*

The ways in which parents express their concerns about their children's diet reveal a particular emphasis on eating habits, including picky eating (refusing to eat vegetables, fruits, or various other foods, wanting to only eat fast food), consuming too much sugar (*e.g.*, from breakfast cereals), certain foods' and additives' effects on children's behavior (*e.g.*, sugar's making children hyper and/or moody), families' not regularly eating meals together, children's snacking, and eating too frequently "on the run."

"He's such a picky eater. He won't eat vegetables. And if you try to get him to eat something different, he won't eat it. He'll spit it back out."

*Clovis-Fresno non-college-educated fathers*

"It's hard work getting them to eat right. He wants cookies and fries all the time."

*South Los Angeles African-American mothers*

Parents in these sessions are particularly focused on diet and food choice issues for two reasons. First, mothers especially struggle with these choices every day in simply responding to the challenge of "what will I feed my children today." This is a constant and immediate dilemma that involves such factors as time and convenience as much as (and in many cases more than) nutritional considerations. Second, parents admit that the responsibilities and demands of their everyday life frequently prevent them from factoring long-term thinking into their daily decision-making about meals and food choices for their young children. However, in the context of these conversations, parents do recognize that their food and meal choices are establishing lifelong habits that potentially carry real significance for their children's health..

"Naturally, later in life I don't want him to have these problems, so I'd like him to have a well-balanced diet and eat healthy and not get addicted to sweets for the rest of his life."

*Clovis-Fresno non-college-educated mothers*

Other concerns potentially related to children's weight also surface in the discussions, primarily parents' worries that their children are watching too much television and videos. It is

interesting and important to note that specific and direct concern about children's weight is mentioned much less consistently and rarely is articulated as a top concern in the way that issues surrounding diet and nutrition are.

## **B. UNPACKING THE PROBLEM OF DIET, ACTIVITY, AND WEIGHT**

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While children's diet, activity, and weight obviously are highly interrelated constructs, parents overwhelmingly focus on the diet component of the equation as their most relevant concern for their young children. Concerns about children's weight and activity level are far less resonant for parents.

The discussion sessions vividly demonstrate that parents see food choices for their children and their children's diet as the real battle front, and accordingly, every effort to encourage a broader conversation about children's weight and promoting a more healthy lifestyle involves a heavy emphasis on eating habits and routines. In part, this stems from the disproportionate amount of time that parents—especially moms—report that they spend dealing with their children's food needs and food choices in the course of a typical day. From parents' perspective, feeding children and making food choices for them are stressful. Children often demand many unhealthy foods while refusing to eat healthy foods, sparking struggles and behavioral challenges; for parents whose days are filled with helping get children ready for daycare/preschool or kindergarten, long work days, and multiple other household responsibilities, making healthy food choices often seems like a chore they simply don't have the time or energy to take on. In addition, feeding children—whether it's preparing their meals, fitting in a quick stop for fast food, or just prodding them to eat—takes time and energy, and these parents freely admit that they have little of either to spare.

"When it comes to milk, it's a losing battle. I get so tired, I just don't want to fight. If it's not strawberry or chocolate, she won't drink it. I don't know why, but I just don't want to fight with her, so I put a teaspoon in."  
*South Los Angeles African-American mothers*

Parents definitely value and encourage daily active play for their young children. Most talk about children's need to be physically active—especially outdoors—in order to get fresh air and simply "blow off steam." However, the reason that this issue doesn't surface as an

especially high concern (and another reason that diet and food choices are so pre-eminent) is that parents overwhelmingly report that their young children get plenty of exercise in the form of physical play each day and that, while this is a priority, it is not really a problem. Even parents who freely admit that their children watch three to four hours of television every day don't think that their kids are too sedentary and say that providing playtime and opportunities for physical activity aren't even particularly conscious choices, because they report that their kids naturally engage in physical play in the course of their everyday routine. It's important to point out that while parents don't see this issue as a problem and often feel overwhelmed by their children's high levels of physical energy, these discussion sessions do not definitively demonstrate that most young children are truly getting the proper amount of activity and exercise each day.

"I don't have a problem with that. Mine will not stop from morning until night. He is very active."

*Berkeley non-college-educated mothers*

"I couldn't stop my son from moving if I wanted to. He's really active. He runs all day. . . . I get tired just watching him."

*South Los Angeles non-college-educated mothers*

Finally, the concerns expressed by most parents about their children's weight are really a byproduct of their concern about their children's diet and eating habits. Even parents who worry about their child's weight report that their real concern is about how much and what food their child is eating. In this regard, most parents see their children's weight mostly as a symptom of a dietary problem and therefore prefer to focus on food choices, which they genuinely regard as the core trouble. Some parents even assert that they don't worry about a child's weight if he or she is eating a good balanced diet of healthy foods and that the problem will take care of itself.

"I don't really worry about (my son's) weight. And he is very active, he has a lot of energy. I just mostly worry about his diet, but I know it's all linked."

*South Los Angeles non-college-educated mothers*

"If they're eating good food, I don't really worry about their actual weight."

*San Diego non-college-educated mothers*

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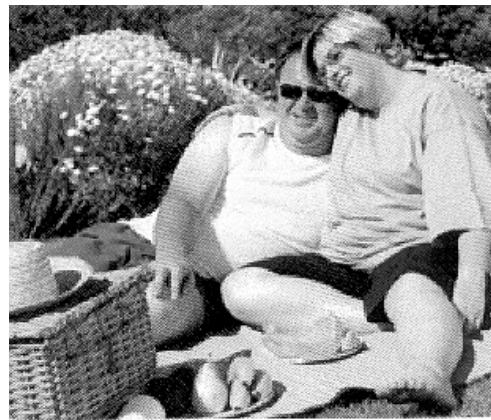
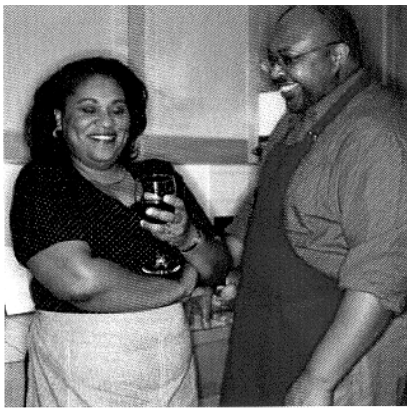
## **PERCEPTIONS OF BEING "OVERWEIGHT"**

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As we have discussed, parents generally tend to focus on their young children's diet and food choices, because they say that they don't have a problem getting their children engaged in physical play each day and often regard their children's weight as a secondary consideration. Still, parents in these sessions acknowledge—and don't shy away from discussing—the problem of young children's actually being overweight, although they reveal widespread variation and confusion about what constitutes “overweight” in two- to five-year-old children. This leaves the conversation about recognizing and dealing with overweight children as a much more theoretical than practical exercise.

The focus group sessions involved an exercise in which participants were shown the following photographs of two overweight women and asked to describe each one's appearance in terms of her size and weight. While participants consistently (and accurately) perceive one of the women (picture #2) as heavier and more overweight than the other (picture #1), the subsequent discussions produce far more confusion than clarity about such terms as “obese,” “overweight,” “healthy,” and “unhealthy.”



Picture #1

Picture #2

In fact, many participants use “healthy” or “full-figured” to describe the woman in Picture #1, who is obviously overweight. Almost unanimously, they reject the adjective “obese” when directly asked whether that term describes her. However, they are also pretty quick to intimate that their use of the word “healthy” is not entirely positive, that instead they are suggesting a mixed meaning along the lines of “healthier than she should be.” Still, the ubiquity of the term “healthy” to describe a woman who clearly is overweight is an interesting—and ultimately challenging—initial reaction. Finally, while participants are more likely to use “obese” to describe the woman in Picture #2, they don’t do so uniformly and admit that they simply don’t like the word, because it seems particularly cruel and judgmental and because it conjures images of people who are bed-ridden and immobilized by their size (in their judgment, this woman clearly is not suffering from those conditions, because she is on a picnic). While some participants volunteer that they are aware of recently revised medical standards for obesity and acknowledge that the women in the photographs (especially picture #2) may meet *that* definition, most say that the images don’t jibe with *their own* definition of obesity, which generally involves only the most severe and debilitating cases.

“I’ve always hated that word obese. To me it means fat, sloppy, messy.  
... It’s too mean; I hate that word.”

*Berkeley African-American mothers*

“I would call her (picture #2) ‘plus size.’ (Is she overweight?) It’s the  
same thing, really, it’s just that I try and be nice about it.”

*South Los Angeles African-American mothers*

In keeping with their reluctance to describe adults as obese, participants almost universally reject the term to describe children in the two-to-five age range. That they regard the word as very harsh and only suitable for describing extreme cases leads parents to other terms to describe young children who are overweight. Parents are more comfortable describing these children as “heavy,” “chunky,” “big,” “solid,” and even “healthy” (with the same winking implication of “a little too healthy” that they used to describe the overweight woman in the picture exercise). Generally parents in these sessions who are concerned about their preschool-

age children's weight see it as a more minor problem—something that they have to keep an eye on, but that may and often does go away with growth and normal development.

"I hate the word obese. I would never use that for a child."

*San Diego college-educated mothers*

"You hate to say 'fat' (about a child), because it's like 'that poor baby.' You want to say 'chubby,' it's more sensitive. You don't want to label them so simply, but in actuality they are fat."

*Berkeley African-American mothers*

The paradox that emerges is that while parents accept in theory the idea that young children's being overweight is a real problem, they don't perceive the overweight kids whom they know (including their own) as truly having a problem, primarily because in their working definition of what it means for a young child to be overweight, these parents set the bar very high (*i.e.*, morbid and debilitating obesity). In addition, it is interesting and important that participants who also have older children (of primary school and adolescent age) who are overweight are much quicker to identify the issue of preschool children (their own and others) being overweight as a serious problem, because they have seen first-hand that children don't grow out of the problem as they develop. Other parents—the overwhelming majority in these sessions—do not have this experience and therefore don't clue into the problem because they assume that their child will grow out of the problem (or at least can't look back retrospectively and see it as the beginning of a more serious situation). .

"(Young children) change so much. You know, everything is just so up and down with them. They're just growing; they're going to lose it."

*Berkeley African-American mothers*

## **D. THE ROLE OF PARENTS**

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Many mothers in these focus groups freely admit that they don't feel in control or in charge when it comes to ensuring a healthy lifestyle for their young children, again citing diet and food choices as the most significant challenges that they face. Some moms report that they feel more or less comfortable and in control, but the subsequent discussion sessions make it apparent that, while a few moms genuinely are relatively effective in directing their children's diet and food

choices, the majority haven't realized how overrun they frequently are (as they quickly begin talking about how often they give into their children's demands for certain foods and succumb to other pitfalls). For the most part, fathers believe that they're in control and confident in dealing with these issues, but like the majority of moms who report the same, it doesn't take much probing to reveal that the dads too are not really successful in guiding their children in this area.

"I don't feel in control, especially when I'm driving past McDonalds®."  
*South Los Angeles Hispanic English-speaking mothers*

Whether or not they think they're doing a good job, parents in these sessions are fairly easily engaged in discussing these healthy lifestyle issues and do not dismiss the topic as either unimportant or irrelevant for children as young as theirs. Overwhelmingly, they take the issues seriously within the focus group context, although they admit that they don't give the subject nearly as much thought or careful consideration in their everyday lives. Importantly, these parents, even the minority who describe themselves as informed, doing pretty well, and confident, almost unanimously report that they could improve in this area—and that they genuinely want to do so. Perhaps one of the most encouraging findings from these sessions is that parents are a receptive audience who are open to considering new information and, for the most part, willing to admit that they need or at least could benefit from additional help on these issues.

It is important to note that in the context of the discussion sessions, parents—especially moms—engage in greater reflection and have more mixed feelings about their choices and handling of these issues than they report occur in the course of their everyday lives (for the most part, fathers are not especially reflective in either situation). Such comments as “I hadn't really thought of that before” and “I guess I didn't focus on that” are frequently voiced. This is particularly true of some moms who—having spent time focusing on such issues as food choices and TV viewing in the discussion sessions—spontaneously say that upon reflection they feel guilty about their parenting on these issues.

While this feeling of regret surfaces fairly easily for some moms, it clearly is also spurred by somewhat artificial reflection (imposed by the discussion sessions) and does not really emerge in their everyday lives, primarily because they are so busy with their commitments and responsibilities (jobs, schedules, caring for other family members, household work).

Importantly, the guilt that some moms experience when asked to carefully consider their actions and the impact of their actions on their young children is countered by their recollection of some very significant and immediate obstacles, including the challenge of just getting through each day (which leaves little time for reflection) and the real difficulty in changing routines and habitual behaviors.

"I guess I feel guilty because they do eat cookies, but I buy them. I buy all the stuff. There just has to be a way, but I'm always in a hurry, and they always need to eat, and the next thing I know they're snacking (on junk food)."

*San Diego college-educated mothers*

"I swore when I was pregnant that he would not know what a drive-through was, and that has turned out not to be the case. I'm very disappointed in myself for that."

*San Diego non-college-educated mothers*

In addition to parents' willingness to think and talk about healthy lifestyle issues regarding their children, another important finding is that parents recognize that they are role models for their kids in this area. Even the vast majority of fathers—who generally have less information and are less aware of many healthy lifestyle issues for their young children—make this connection. Furthermore, while parents are aware that genetics contribute to a child's weight, they also clearly believe that situational and behavioral factors (such as diet and activity) play significant roles, and they understand the important role that parents play in guiding their children on these issues.

"More than anything, (I want to change) in order to set the example, to say 'Look, I'm also going to stop (eating junk food). Let's do it together.'"

*Clovis-Fresno Hispanic Spanish-speaking mothers*

"I think you have to focus on the whole family. You lead by example: if you're sticking healthy food in front of them while you're eating (junk food), it's not going to stick."

*San Diego non-college-educated fathers*

While parents may wish to focus strictly on their children's habits, they know that realistically this approach won't work, because kids want to copy what their parents do when it comes to food choices, meals, snacking, and even physical activity. In addition to recognizing

that they are their children's role models and therefore should make changes for the kids' benefit, many parents willingly admit that they want (and often have tried unsuccessfully) to change their habits for their own benefit as well (to lose weight, to have more energy, to improve their overall health). In addition, they generally acknowledge—at least in theory—that mothers and fathers should share responsibility for guiding their children on these issues, although all parents admit that in reality moms are more likely to take the lead in this area, because they spend so much more time with their children. All these factors taken together really open the door for efforts targeted to benefit families, not just young children, showing them how to encourage healthier lifestyle habits and routines.

"My husband loves to snack at night and brings out the cookies and popcorn right after dinner, within an hour. And my son sees that happen. We talk about it, but you know, it's really his habits or my habits that my son copies."

*South Los Angeles non-college-educated mothers*

"The whole family needs to start doing better, you know, us too. Whatever we eat, whatever they see that we do, they do."

*Berkeley African-American fathers*

## **E. TAKING AN INVENTORY OF HOUSEHOLD ROUTINES**

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Among the main goals of this qualitative research is to gain a comprehensive accounting of typical household routines on young children's diet, food choices, behavior and discipline practices (surrounding issues of food and meals), physical activity habits, and actual weight. It is encouraging that the participants provide open and candid feedback on these often personal subjects and do not appear to censor their responses very much. As a result, important and eye-opening insights emerge for structuring a communications campaign aimed at addressing these issues.

On a variety of measures, parents freely (but most often unknowingly) describe everyday routines that place their young children at risk for being overweight, as the following paragraphs demonstrate.

**TV watching.** A large majority of participants report that their two- to five-year-old children have a television (often with a VCR and DVD player) **in** their bedroom. While neither moms

nor dads appear particularly proud of this, they report having set up this situation because it gives them a break from the cartoons and kids' programming, allows them to get things done around the house (such as laundry and paperwork), and frees up the family television so that they are able to watch adult programs. Most parents whose children have a television in their bedroom freely admit that they did so for convenience, not primarily because their young children requested or demanded it.

"They have cable, DVD, everything (in their bedroom). And my three-year-old watches a lot. He even knows how to operate all that stuff."

*San Diego non-college-educated fathers*

In addition to their children's having ready access to television in their bedroom, these parents willingly concede that their preschoolers watch as much as two to five hours of TV and/or videos in a typical day. While some have five-year-old kindergartners who watch less because they are in school, TV programs, cartoons, and videos/DVDs openly play a big part in children's daily routine for the parents in these sessions.

"She's a TV fiend. She loves videos—what is it, Teletubby? So I got her her own television, and now she can watch all the television she wants."

*Berkeley African-American mothers*

Still, the reality that their children watch so much television does not necessarily lead these parents to express concern about their kids' opportunities for physical activity. As has been discussed, the panelists generally are unconcerned about their children's not being active enough: despite their kids' tallying many hours in front of the television, they believe that their preschoolers have lots of energy and find ways to expend it. As a result, these parents engage only sporadically on this issue, for example by focusing on how they are establishing future habits for their children's adolescence and adulthood, since in their eyes having a preschool-age "couch potato" doesn't seem to be a major concern.

**Fast food.** According to the parents in these sessions, young children eat an incredible amount of fast food. While most mothers say that they try to avoid or at least limit feeding their children fast food, most identify this as one of the biggest traps that they fall into, representing a significant gap between parents' intentions and their actual behavior. While moms generally

acknowledge that most fast food is high in fat and calories and not very nutritious, they also explain that it “works” in their busy lives.

To summarize the conversations with parents on this topic, fast food is convenient/easy and cheap, in that order. Moms in particular describe fast food as a tempting option when they are on the run (taking children to day care, running errands) and/or too busy and overwhelmed to cook. Because meal preparation—especially, from their perspective, nutritious meal preparation—requires significant time spent grocery shopping and cooking, both on a regular basis, moms admit that they often don’t have the time or don’t get around to it, and that they use fast food as a last but frequent option. In addition, some identify cost as an important factor in their reliance on fast food. Dads see fast food somewhat differently, describing it as a “special treat” or a “special outing” with their kids as frequently as they depict it as a calculation of convenience or cost.



"I think about it (frequently taking kids for fast food). I know sooner or later it's going to catch up with them, because we do it so much. So I try to say to myself 'Okay, next week I'll stop this and start cooking at home.' But it just doesn't happen. I care for my mom, too. It's hard, it's always something."

*Berkeley African-American fathers*

Finally and significantly, parents argue that they serve so much fast food because their kids are willing to eat it. While this rationale may seem obvious or unimportant, it stands in stark contrast with parents' descriptions of what meal-time is frequently like in their home, when they serve more nutritionally complete meals that they have taken time to prepare. An important theme that emerges is that parents are frustrated by the challenge of feeding their children (getting them to eat, choosing the right foods, dealing with picky eaters) and that fast food is a quick and easy way out of that dilemma.

"I'm not at home during the day and I'm too busy to cook, so I just go to the drive-through. Before I drop (my son) at the babysitter's, we go to McDonalds® or Jack in the Box®, and now that's all he wants. Every day the same routine."

*San Diego non-college-educated mothers*

**“Junk” food and snacking.** In addition to fast food, parents report that their young children eat a wide variety of “junk” foods, including chips (and other snack foods such as Fritos®), popcorn, cookies and sweets (such as Pop-Tarts®, chocolate chip granola bars, and doughnuts). As they do with fast food, parents explain that they try—even if just in their thinking—to avoid giving their children junk foods, but that often it is a losing effort. When it comes to junk food, however, parents report somewhat different challenges (other than the convenience and cost factors that lead them to fast food), including having their children with them when they grocery shop (which is how these foods get into their house to begin with) and the actions and habits of their spouses (mothers are especially likely to report that their husband's junk food and snacking habits make it hard for them to resist allowing their children to eat the same foods).

**Juice.** Parents evince inconsistent awareness of how juice—primarily orange juice and apple juice, but also beverages marketed as “fruit drinks,” such as Hi-C® and Capri Sun® juice boxes—should fit into their kids' daily diet. Some parents—especially fathers, but a significant number

of mothers as well—think of juice as a nutritious way to give their children a serving of fruit or vitamin C and report that, because their children generally like and request juice, they serve it pretty freely.

Others recognize that juice is mostly sugar and has potential to add too many calories to a child's diet. It is important that the parents who recognize that juice (when given in abundance) is not healthy for children report that they were made aware of this by their pediatrician or their children's dentist, and that the information came as a surprise to them at the time. These parents say that they try to limit the amount of juice that their children drink and/or dilute it with water.

"(My son) will drink five juice boxes a day. I try to limit it, but that's what he wants."

*South Los Angeles non-college-educated mothers*

**Milk.** According to parents in these sessions, kids in the two-to-five age range are not consistently drinking low-fat milk. Many report that their children (even their five-year-olds) drink whole milk, either because they have not made the switch to low-fat milk or because the entire family drinks whole milk. Mothers are puzzled (and fathers admit they really have no idea) about the recommended age at which children should move from whole milk to one-percent or two-percent milk. The parents who report that their young children are still drinking whole milk see it as an important nutritious component of their children's diet and encourage their children to drink several cups a day.

"The whole milk is creamier, so it seems like there are probably more nutrients in there. So I like to give him that."

*Berkeley non-college-educated mothers*

My youngest (a three-year-old) doesn't have a weight problem, so I give him whole milk because it has more vitamins. Whole milk has more vitamins than two percent."

*Clovis-Fresno Hispanic Spanish-speaking mothers*

## F. THE CHALLENGES THAT PARENTS FACE

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The challenges that parents face in encouraging and promoting a healthy lifestyle for their young children are numerous and extremely important in a communications effort to address these issues. As has been discussed, in the context of these focus group sessions, parents are generally receptive to new information about these issues, are fairly easily engaged on the topic, and say that they are relatively eager to do better, but the reality is that many of these parents are not succeeding and, in some cases, are falling far short. While the discussions uncover some encouraging evidence of parents' desire to improve on these issues, they also underscore how hard it is for parents to contemplate actually making the necessary changes, largely because of the significant challenges that they face as parents.

"Change is hard. Unless she develops diabetes, high blood pressure, or high cholesterol—you know, we can try to give her healthier foods, but the reality is that it's tough to change."

*Clovis-Fresno non-college-educated fathers*

"I know enough (about diet and good eating habits). That doesn't mean that I follow or practice them. I have a problem with execution, not knowledge."

*Berkeley non-college-educated mothers*

The focus group sessions identify an array of difficulties that parents encounter in managing their children's food choices and other lifestyle issues, including the following areas.

**Time and Convenience.** Parents of young children clearly are pressed for time, and in some cases, they describe their situation in ways that make the demands of their daily schedule seem totally overwhelming. Moms especially, who often are working outside the home at least part time, caring for other children and family members, and keeping up with other household chores, argue that they simply don't have time to grocery shop, prepare healthy meals, and see that their family eats dinner together. While many parents say that home-cooked family meals are their ideal—and often the routine that they enjoyed as children—they also see this scenario as unrealistic in their situation.

"I would like to go the park every day, take her swimming and to ballet class, and have a nice family dinner—that is my fantasy. That is not

going to happen: I have to work full time, her dad is going to have to work full time, she has to go to day care. We are constantly on the go, so when I make it to the grocery store, I have to make a conscious decision not to buy the prepackaged stuff. But that would be much easier. It's such a daily effort."

*Berkeley non-college-educated mothers*

This lack of time and constantly feeling overburdened by multiple demands often leads parents to rely on fast food or "easy" food choices on the run. These meals—while acknowledged as not very nutritious or wholesome—quickly, easily, and immediately solve the dilemma of "what will I feed my children today," a demand many moms believe that they can't devote much time or energy to solving.

"As moms we're busy, we're working, we have our kids and things we constantly have to do, so it (fast food) is appealing. But you're kind of fighting with yourself, thinking it's probably not good nutrition when (my son) eats there constantly."

*South Los Angeles non-college-educated mothers*

**Kids' Behavior/Pickiness.** In general, parents are extremely frustrated by their children's preferences, demands, and behavior concerning food choices. "Picky eaters" are a constant source of exasperation for many. Moms especially describe how their children simply won't eat many foods that they prepare, a behavior that serves as a conditioning—or certainly a disincentive—for parents against taking the time to cook wholesome meals. While participants report that vegetables are a particular challenge because their children simply will not eat them, they also say that their children frequently demand sweets and processed foods. These sessions make clear that as a behavioral or parenting issue, getting children to eat a healthy, balanced diet is accompanied by an incredible amount of tension and stress.

"I try, I do. I think 'let's see if she'll eat some fruit. Let's see if she'll eat some vegetables.' But she is not into that. It makes it so hard."

*South Los Angeles non-college-educated mothers*

**Support at Home.** Many moms report that their husbands (or in some cases their live-in boyfriends and/or their children's fathers) are not as supportive as he could be and in many cases makes their job much harder. According to both moms and dads, fathers are more likely to spoil

young children with special treats or give in and ignore rules about snacking and sweets. A few moms describe this as the number-one challenge they face in making progress in their household on these issues.

In addition, many parents in these sessions are dependent on other family caregivers—particularly grandparents—to help them with their young children, especially while they are at work. Moms in particular report that relying on a family member in this way further undermines their control on diet and food choices. Often grandparents are looking after young grandchildren free of charge and are not in perfect health themselves—these factors taken together make parents extremely reluctant to place additional demands on the types of food children eat when they're in these care arrangements; many mothers grudgingly wish that a grandmother or grandfather wouldn't take their young children for quite as many trips to McDonalds or other fast food options, but feel powerless to speak up because they know all too well how demanding and tiring it is to care for young children.

"I make my daughter broccoli and tell her, 'You're going to eat it before you eat your Cheetos®.' But if I'm not home, my husband will just give her the Cheetos® because it's just easier for him."

*Clovis-Fresno Hispanic Spanish-speaking mothers*

**Expense.** Some moms complain about the high cost of healthy foods (both at restaurants and at the grocery store) and explain that they often make poor choices because of cost considerations. However, they express this concern more sporadically than they do other challenges (such as time and children's pickiness), and it seems to be a particularly sensitive and relevant issue among Hispanic moms (by comparison, African-American panelists and fathers rarely mention cost as a consideration).

"A lot of treats and snacks and things like that are just cheaper. The good, healthy food is expensive."

*San Diego college-educated mothers*

"It's less expensive to buy a Happy Meal® than it is to buy them a salad and grilled chicken. You can spend \$5 or \$6 on a meal for a kid, when a Happy Meal® is \$2.50."

*San Diego non-college-educated mothers*

**Information.** The information challenge that parents face on children's food choices, activity level, and actual weight presents something of a paradox. While most parents don't think that they are lacking information on these issues, the discussion sessions demonstrate that many clearly are misinformed and/or uninformed in many key areas (such as the value of juice in children's diet and the appropriateness of low-fat milk for two- to five-year-olds). The panelists freely admit that they don't know about such matters as serving sizes for certain foods, how many calories a typical three-year-old should consume daily, or even a healthy target weight for their children. But they also don't seem particularly distressed that they don't have this information and explain that common sense and just knowing their own child establish pretty good guidelines. In addition, some parents comment that they are confused by conflicting information (such as whether children should eat three "square" meals a day or five to six "mini" meals), but that they are not seriously troubled by this.

As we have discussed, almost all parents say that they welcome more information and could use help on these issues, but they don't see lack of information as their biggest barrier and, importantly, they don't cite it as the reason that they feel not in control of these issues with their young children (instead they point to children's eating preferences, lack of time, and other factors). In sum, parents say that they are open to new information, but don't feel strongly that they really need a lot more, nor do they want very detailed information, though their actions (as they describe them) show that some clearly need additional information.

"Well, I would say that my wife and I are doing a good job, but we don't read every study and we're not up on everything, you know. We don't take classes; we're mostly just using our common sense. An apple is good, a Snickers® is bad—that sort of thing."

*San Diego non-college-educated fathers*

You don't have to have a Ph.D. in this stuff."

*South Los Angeles African-American mothers*

To the extent that parents express a desire for more information on these topics, they are most interested in advice on parenting techniques and approaches for persuading/encouraging young children to eat balanced meals (primarily vegetables) and for talking to preschool age children about nutrition so that they learn why they shouldn't eat certain foods. While parents report that they might appreciate additional information on specific topics such as serving sizes

and calorie content, they don't believe that they really need such detailed information in order to do their job as parents in this area.

**Ads/Marketing.** Most moms—but fewer dads—say that ads targeted to kids make it harder for them to enforce healthy food choices. They report that even their preschool-age children demand specific products (especially snack foods, specific breakfast cereals, and fast food) as a direct result of ads that they see on TV (even Chuck E. Cheese's® sponsorship of PBS programs draws mention). However, while moms wish the ads would go away, they also freely admit that they (and all parents) are responsible for their kids' food choices. In sum, parents don't like the marketing and see it as another hurdle, but they don't regard advertising as a central challenge (or scapegoat) for the issues that they face.

"As parents, we're just as guilty as the advertisers. If a child asks, you have to learn how to say no."

*Clovis-Fresno Hispanic Spanish-speaking mothers*

In addition, grocery stores' layout is at least as much a trap for parents as television advertisements are: snacks for kids, candy, cookies, and branded treats (like Elmo's Punch or Dora the Explorer crackers) are prominently displayed. Since moms (and the shopping overwhelming falls to moms, not dads) bring their kids with them to the grocery (often there is no alternative), they feel that this aggressive marketing approach puts them in a losing situation. While they try to resist their kids' pleas to buy snacks and junk food items, they invariably give in to at least some of the demands in order to keep the peace and get through the check-out line.

## MESSENGERS

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In these discussion sessions, parents identify and respond to a variety of potential messengers advising them on issues related to food choices, diet, physical activity, and weight for their young children.

Clearly, parents predominately rely on pediatricians for guidance on such topics as what foods children should eat, what constitutes a balanced diet for young children, what are the common traps and pitfalls (*e.g.*, too much juice), and importantly, how to assess and interpret

their child's weight. For the most part, parents report that their pediatrician brings up these subjects and asks about their children's eating habits, although in many instances the conversation is largely superficial. Some parents report that they ask specific questions and are mostly satisfied with the guidance that they receive. While parents see pediatricians as an important source of information and are generally content with their advice, the discussion sessions suggest that pediatricians' messages often are muted and suggestive rather than strongly directive in tone. It is unclear whether this guidance actually is expressed mildly or whether parents interpret it that way, but participants commonly report that their pediatrician only *suggests* that they "*cut back*" on snack food, junk food, and juice rather than admonishing them to do so or urging them to restrict these foods altogether.

Pediatricians also typically represent parents' sole source of guidance on children's weight. While parents get information about eating habits and food choices from their pediatricians, they typically also get this information from other sources. For assessing their child's actual weight, however, pediatricians are parents' lone resource. Even participants who struggle to get their young children to the doctor for checkups describe their child's annual "weigh-in" as a memorable experience. It is a key event for parents to learn how their child measures on the height and weight growth charts, especially where the child falls in the percentile range compared with other children of the same age. In particular, moms remember this comparative information (*e.g.*, 50<sup>th</sup> percentile for weight) even more accurately than they do the actual information (*e.g.*, 40 pounds). This indicator—and how it correlates with a child's height—seems to be the most common way (other than a child's appearance) that parents evaluate whether their children's weight is healthy. Specifically, parents want their child's placement on the weight and height ranges to be roughly comparable (*e.g.*, 50<sup>th</sup> percentile for both height and weight, rather than 25<sup>th</sup> percentile for height and 75<sup>th</sup> percentile for weight).

"I take him to the doctor and get him measured and weighed, and he's always 50%, so I just go by that and by how he looks. But that (doctor's appointment) only happens once a year."

*San Diego college-educated mothers*

At the checkup, (the doctor) brings it up (the topic of a child's weight). They weigh her and measure her, then they tell me what percentile she's in, and then I know."

*Clovis-Fresno non-college-educated fathers*



The focus group sessions also identify a potentially important role for children’s dentists on these issues. For example, many parents say that they learned about the problems caused by giving children too much juice from their dentist when their children developed cavities in their baby teeth. These parents report that their dentists told them directly to cut back and/or water down their children’s juice consumption and to cut back on sweets and snacking. The parents explain that because they were surprised and unhappy about their children’s cavities—and by the cost of treating them—they are taking their dentists’ advice seriously and following through on it.

Further, mothers (but not fathers) recount picking up various fliers and pamphlets on issues such as children’s nutrition (*e.g.*, a food pyramid for kids, examples of healthy foods, serving sizes) from various sources, including their pediatrician’s office, preschool and/or day care center, their local YMCA/YWCA, and WIC. Moms say that these materials are useful and that they look at them, but they also admit that eventually the pamphlets get tossed aside and forgotten. For the most part, mothers say that these pieces help reinforce what they already know and that periodically receiving such materials prompts them to make an effort (often another effort, since they have tried before) to do better on these issues. While this renewed effort typically (and usually quickly) subsides, the materials appear to provide momentary (sometimes fleeting) breakthroughs or “teachable moments” in which it is possible to capture mothers’ attention.

## **H. SPECIAL NOTES ON TARGET POPULATIONS**

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The focus group sessions were purposely conducted with diverse audiences in order to identify unique concerns that might influence a communications effort targeted toward a specific population. Many of these considerations have been identified within the narrative of the report. Additional conclusions about specific subgroups are outlined in the following paragraphs.

**Fathers.** While fathers recognize that issues related to food choices, physical activity, and weight are important, they clearly don’t see problems in this area in the way that moms do. Overwhelmingly, dads describe parenting on these issues as “pretty easy,” though they readily admit that their wives probably don’t agree, primarily because the moms spend more time with

the kids and have to deal with these issues so much more. Many dads don't eat a single meal all week (Monday through Friday) with their young children and are primarily relegated to weekend (and some weekday evening) duty. As a result, they simply are not around to see much of their family's daily routine.

"I work a lot of hours. It's very seldom that I actually get to eat with my kids. And when I do that, it's so seldom that I want to make it kind of neat for them. So I say 'Here's an ice cream.'"

*San Diego non-college-educated fathers*

These sessions also strongly suggest, however, that in addition to spending less time observing their children's behavior in this area, fathers also have a lower level of information, lower standards, and lower expectations. For example, while saying that it's easy to be in charge and in control on these issues, dads simultaneously admit that they let their kids drink soda, eat treats, and have a TV in their bedroom. A real disconnect occurs among the dads in a way that isn't true among moms: both see these issues as important, but dads think things are going pretty well in their home, while moms are much more skeptical. A father in the San Diego session underscores this uniquely "fatherly" perspective: "(My three-year-old son) doesn't drink too much soda, so (maintaining a good diet) isn't too big a deal for us."

"I just bribe them, you know. To get him to do something I'll say, 'I'll take you to McDonalds®.' "

*Clovis-Fresno non-college-educated fathers*

In addition, fathers freely volunteer that they undercut their spouse's "rules" when they care for or are in charge of their young kids (primarily on weekends or in the evening). They explain that they have so little time with their kids that they just want to do something "special" with and for them, such as taking them for ice cream or just keeping them happy by giving into requests for snacks and sweets.

**College-educated mothers.** Only one discussion session was conducted among college-educated general market mothers (in San Diego). From this admittedly limited investigation, these better-educated, higher socioeconomic status moms do not appear to be as much of a ready target for a public communications campaign as are their non-college-educated counterparts. College-educated moms are very reluctant to describe their feelings about issues related to food choices, activity, and weight for their young children. By and large, these women genuinely appear to have the information they need (unlike their non-college-educated peers), but they just can't make their knowledge "stick" in terms of their actual behavior in making food choices for themselves and their children. For college-educated moms, issues of food, diet, exercise, and weight seem to be deeply personal and emotional ones, and it is difficult to introduce a public message that reaches them with the same effectiveness as it does the non-college-educated moms, who face more easily identifiable challenges (such as time, convenience, cost, and information).

"I feel like I've got it (issues related to food, activity, and weight) under control. I have the experience."

*San Diego non-college-educated mothers*

"I have a good understanding (of what should be in my child's diet)—you know, fruits and vegetables. I guess you can always know more, but I know the basics."

*San Diego non-college-educated mothers*

**African Americans.** African-American panelists (both moms and dads) share many of general market parents' perspectives on issues related to promoting a healthy lifestyle for their young children. For African-American panelists, however, the challenges of obesity and being

overweight have particular resonance, as many report that these problems are common in their immediate and extended families. As a result, the African-American panelists are somewhat more likely to discuss the dual factors of genetics and eating habits/behavioral choices in contributing to obesity. Accordingly, they are particularly motivated by a desire to break this trend among their own children, since many of them have long and personal family histories related to weight concerns and resulting medical complications.

"I've been overweight for so long, I dread it for my daughter. I just don't want her to be overweight. It's not fun, it's not healthy, it's just not good. I know and I don't want her to be like that."

*Berkeley African-American mothers*

**Hispanics.** Hispanic mothers in particular struggle with the prevalence of fast food. These moms are especially pressed for time, and their children—having become Americanized—really seem to enjoy and demand fast food. Many Hispanic mothers admit that they regret not being able to feed their kids more culturally traditional food (which they see as better, more balanced, and more nutritious), but they appear to have almost resigned themselves to the prevalence of fast food as part of living in America and being affected by American culture.

In addition, Hispanic panelists use the words "gordito" and/or "pobrecito" to describe overweight children. Like such descriptions as "healthy" and "sturdy" offered by non-Hispanic participants, these terms have a more positive and innocent connotation ("sweet," "cute," "chubby"). While Hispanic parents' definition of overweight children may be culturally specific, it echoes the view of the general market and African-American participants who see modestly overweight children as more or less normal, and who save their concern for severely obese children.

"It's a little cute (for a child to be fat).

*Clovis-Fresno Hispanic Spanish-speaking mothers*

## **I. CONCLUSIONS AND RECOMMENDATIONS: MESSAGES AND APPROACHES THAT ENCOURAGE BEHAVIOR CHANGE**

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The findings from these focus group sessions establish an important foundation for understanding how parents direct their children in terms of their efforts to promote healthy choices on issues such as food, physical activity, and weight, while also providing a preliminary forum for message testing in these areas. The following conclusions and recommendations specifically address potential challenges in developing a strategic plan to address these issues in a public communications effort, while focusing specifically on messages and approaches that are likely to prove most effective in prompting parents to make behavioral changes in dealing with their young children on these issues.

**1**

**Parents respond much more favorably to messages and approaches that make change and improvement on these healthy lifestyle issues seem reasonably easy and straight-forward.** The overwhelming majority of parents in these sessions stress that

they have made distinctive attempts to do better on these issues (either by losing weight themselves and/or committing to a healthier diet and food choices for their children). Almost unanimously, however, they admit that these efforts have failed in the past. As a result, they are reluctant to commit to changes and lifestyle plans that seem complicated and difficult. Parents assert that they want to make changes for themselves and their children on issues related to food choices, but they simultaneously acknowledge and even insist that these changes must fit in with many non-negotiable commitments (*e.g.*, work schedules, day care, and time constraints). Many explain that these other “life forces” are what led them to fail in their previous efforts to reform or improve their family’s lifestyle routine. Accordingly, parents resist changes that they regard as intimidating and stressful, and instead look for a series of realistic, simple, everyday changes they could make to improve (even modestly) their performance on these issues for their young children and for themselves.

**2**

**Parents often do not recognize the collective consequences of their choices on issues related to their children’s lifestyle, but when they are forced to confront the**

**totality of their children's daily routine, they appear troubled enough to seriously consider making changes.** Identifying the circumstances and information that prompt “teachable moments” on these issues suggests that forcing parents to “own” or face the “whole picture” of their children's routines and habits is potentially effective. Specifically, when parents in these sessions are presented with a list of their children's daily habits—including routines that they have voluntarily described, such as their children's watching three or four hours of television daily, frequently eating fast food, commonly snacking on junk food, and drinking an abundance of juice—the visible shock in their reactions has significant value. As has been described throughout this report, parents admit that they can't and don't reflect much on these choices in the course of their busy daily lives and, as a result, do not readily see the big picture without being prodded or encouraged to recognize the gravity of their situation.

**3** **Parents lack a working definition of what it means for a child to be overweight, and they do not know (and often misjudge) when their child's weight approaches a level that warrants their attention.** In addition to parents' not recognizing how their daily choices add up to have a significant impact on their children, another barrier to parents and cause of their inaction in this area stems from their confused assessment of when a child is overweight and when they as parents should act (rather than wait for their child to outgrow the condition). Parents describe modestly overweight children in terms that connote more of a positive impression than a negative one, and they don't really see this as a serious problem unless a child is severely and debilitatingly overweight.

“Obese is a term I always attribute to people that are bedridden, they can't get out of bed. There's a big difference in someone who could afford to lose some weight and someone who is obese.”

*San Diego college-educated mothers*

**4**

**Parents—especially moms—express an overwhelming preference for extremely practical and operational types of support on these issues, for example recipes (especially recipes that take little time to prepare and involve foods that kids and adults will eat) and help in “organizing” (such as sample meal plans for young kids, even sample grocery lists).** Mothers in these session are eager for more information that they can put to use directly, rather than information for its own sake or without any tangible application.

“My husband works late, so we usually eat dinner after (my daughter) goes to bed, and it’s easier to open up a can of Pasta Pickups® to give her as a meal rather than cook two separate meals, because I haven’t found anything that we all like. I wish I could.”

*San Diego college-educated mothers*

“I’d like suggestions about what to pack for school lunch that they’ll eat. You know, the same peanut butter and jelly or turkey every day, that’s monotony, but I don’t know what else is good that he’ll eat.”

*San Diego non-college-educated mothers*

“I had an idea a long time ago. There would be a store that would have a program where they would set you up in dinner mode, like a whole healthy dinner. They have everything right there in the bags and sell it for like \$50, and it’s a whole week worth of healthy food. I would live for that.”

*Clovis-Fresno non-college-educated mothers*

**5**

**Informing and in some cases reminding parents about the medical consequences of childhood obesity as well as the academic and school-related effects of children’s not eating a balanced and healthy diet are particularly effective in motivating parents to consider changing their children’s routines and behaviors.** While parents appear to have some understanding of the medical and health effects of children’s eating habits as well as the implications for school performance, specific (but brief) factual messages help draw attention to these concerns. In addition, a special poignancy surrounds the suggestion that overweight children suffer poor self-esteem and ostracism; many moms readily relate to this, either because they experienced it themselves as overweight children and/or because children’s fundamental happiness is such a central concern for them. (Participants’ reactions to specific message statements are detailed in the third section of this report.)

"I figured (the effects of children's being overweight) were reversible. I didn't know it could be this serious and cause these medical problems."  
*Clovis-Fresno non-college-educated fathers*

**6** The focus groups demonstrate that educating parents is a necessary part of a communications effort in this area (both to fill in blanks as well as to correct misperceptions); however, parents don't necessarily think lack of information is their key challenge, and they place heavy reliance on their common sense on these issues. As described in this report's narrative, the information challenge on these issues among parents is somewhat of a paradox: while parents are not very well informed about food choices, physical activity, and other issues related to their children's weight, they also don't believe that they particularly need (nor do they want) an overload of specific information (such as detailed descriptions of serving sizes or calorie/nutritional content). Parents don't want—and don't have time—to become experts on these subjects; instead, they want simple facts and reminders that compliment their judgment and understanding of their children's individual needs.

"I'm not looking to become a nutritionist."  
*South Los Angeles non-college-educated mothers*

**7** Parents recognize their position as role models for their children in diet and activity patterns, and they are open to messages that encourage families—not just children—to change their lifestyle routines. Parents want to do better for their children on these issues, but overwhelmingly they also want to make improvements for themselves, and they freely talk about the conflict of having junk food or snack food in the house for one family member without allowing all family members to share it.

**8** While the focus group sessions demonstrate that lifestyle issues are more salient and often more immediately relevant to mothers of young children than they are to fathers, dads play an important role in this dynamic and should not be overlooked in favor of moms' centrality. These findings suggest that targeting fathers is important for several reasons that stem from their unique position in their family. First, many moms complain that their husbands represent a real problem in this area, because the dads are poor role models themselves (frequently snacking in front of children, for example). Second,



fathers willingly admit that they are more likely to “break the rules” when they have primary care of their children and that they frequently use food as a way to bond with their young children from whom they are often separated during the long workday; these episodes usually involve sweets, junk food, and/or fast food. Finally, fathers have very low levels of information on even basic issues related to food and nutrition and must be better educated about the problem before they have an incentive to change.

“It’s hard if I’m the only one reprimanding them (on issues related to food and snacking). If their father stepped in, it would be a lot easier.”

*L.A. County-Encino Hispanic Spanish-speaking mothers*

“I know she’s overweight, but I just figure her metabolism burns at an incredible rate. So I’m not going to feed her junk food all the time, but it’s going to be okay.”

*San Diego non-college-educated fathers*

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## II. TALLIES AND SUMMARIES

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<b>PARENTS' CONCERNS ABOUT CHILDREN'S HEALTH AND HELPING CHILDREN DEVELOP HEALTHY HABITS</b>
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**San Diego college-educated general market mothers**

*Breakfast foods (too sugary)*

*Preparing healthy meals*

*Nutrition*

*Eating fruits and vegetables*

**San Diego non-college-educated general market mothers**

*Eating, too busy for meals*

*Too much snacking*

*Eating the right foods, like vegetables*

*Chemical content of foods*

*Not having enough time to eat/cook with kids*

*Eating a variety of foods*

*(Children are) picky in choice of foods*

**San Diego non-college-educated general market fathers**

*Less television*

*Making friends, friendships*

*Play, more play time*

*Brushing their teeth*

*Diet, eating less sugar and more fruits and vegetables*

*Less video games*

*More activities*

*Classes, preschool classes*

*Taking naps, having good sleep habits*

*Education programs*

**Los Angeles non-college-educated general market mothers**

*Safety, especially outdoors*

*Picky eater*

*Fast food*

*Nutrition*

(cont'd)

<b>PARENTS' CONCERNS ABOUT CHILDREN'S HEALTH AND HELPING CHILDREN DEVELOP HEALTHY HABITS</b>
--

**Los Angeles English-speaking Hispanic mothers**

*Eating habits*

*Snacking on junk food*

*Balanced food, diet*

*Good breakfasts*

*Regular meals and routine*

*Fast food*

*Not cooking*

*Children are picky*

**Los Angeles African-American mothers**

*Time/having enough time with kids.*

*Providing balanced meals.*

*Fast foods.*

**Berkeley African-American mothers**

*Hygiene*

*Getting to bed on time, waking up*

*Eating fruits and vegetables*

*Proper clothing and dress*

*Back talk, good behavior*

*Media influences*

*Picky eaters*

*Eating sweets*

*Soda*

*Time crunch*

**Berkeley African-American fathers**

*Diet*

*Too much candy and snacks*

*Physical activity*

*Too many video games and television violence*

*Lower standards, morals, and language*

*Too much soda*

(cont'd)

<b>PARENTS' CONCERNS ABOUT CHILDREN'S HEALTH AND HELPING CHILDREN DEVELOP HEALTHY HABITS</b>
--

**Berkeley non-college-educated general market mothers**

*Food*

*Fast food*

*Exercise*

*Mental stimulation*

*Liquid, drinking enough and right kinds of beverages*

*Vitamins*

*Sleep*

*Emotional support*

**Clovis Spanish-speaking Hispanic mothers (roughly translated)**

*They like McDonalds®*

*Fast food*

*They don't like fruits and vegetables*

*Sweets ruin their appetite*

*Soda*

*Cheetos®, snacks*

*Frozen dinners*

*Television is bad for their eyes*

*They play video games*

**Clovis non-college-educated general market mothers**

*Potty training*

*Sweets*

*Good food*

*Eating well*

*Brushing teeth*

*Picky eating*

*Kid-proofing around the house*

*Recklessness*

*Education*

(cont'd)

<b>PARENTS' CONCERNS ABOUT CHILDREN'S HEALTH AND HELPING CHILDREN DEVELOP HEALTHY HABITS</b>
--

**Clovis non-college-educated general market fathers**

*Driving (car safety)*

*Potty training*

*Schedules*

*Influence of other people*

*Budget*

*Willpower*

*Setting a good example*

*Time*

**Encino Spanish-speaking Hispanic fathers (roughly translated)**

*(Kids) don't like the food I prepare, such as fruits and vegetables*

*Excess weight, too lazy to walk*

*Making them understand the word "no"*

*I always want to give everything to him*

*Fast food*

*Don't know what is healthy (milk, water, fiber, bread)*

*The influence of others*

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<b>CHALLENGES PARENTS REPORT FACING IN PROMOTING A HEALTHY LIFESTYLE FOR THEIR CHILDREN</b>
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**San Diego college-educated general market mothers**

*Expensive*

*Time-consuming*

*Pickiness*

*Child's behavior (wanting certain foods)*

**San Diego non-college-educated general market mothers**

*Snacking*

*Dealing with your own habits*

*Preparation time*

*Expense*

*Advertisements*

**Los Angeles non-college-educated general market mothers**

*Husband's habits and own habits*

*Lack of healthy fast-food choices*

*Advertisements*

*School lunches*

**Los Angeles English-speaking Hispanic mothers**

*Time*

*Not knowing how to cook, especially for kids*

*Kids' being picky*

*Other responsibilities*

*Advertisements*

**Los Angeles African-American mothers**

*Time*

*Cooking knowledge*

*Advertisements*

**Berkeley African-American fathers**

*TV advertisements*

*Family members, grandparents (giving kids treats)*

*Peers*

*Parental willpower*

*Society*

(cont'd)

<b>CHALLENGES PARENTS REPORT FACING IN PROMOTING A HEALTHY LIFESTYLE FOR THEIR CHILDREN</b>
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**Berkeley non-college-educated general market mothers**

*Advertising*

*Time*

*Other family members*

*Activities*

*Your own bad habits*

*Money, expense*

**Clovis Spanish-speaking Hispanic mothers (roughly translated)**

*Discipline, children's acting out*

*Not having enough time*

**Clovis non-college-educated general market mothers**

*Not knowing what to buy*

*Portion sizes*

*Ingredients*

*Schedule of activities (too busy)*

*Time*

**Clovis non-college-educated general market fathers**

*Eating healthier, snacking*

*Television*

*Video games*

*Not getting enough exercise*

**Encino Spanish-speaking Hispanic mothers (roughly translated)**

*Time required to prepare food for them to eat*

*Influences of alcohol and smoking*

*Violence on television*

*Television promotes inactivity*

*Fast food*

*Abundance of sweets*

**Encino Spanish-speaking Hispanic mothers (roughly translated)**

*Propagation of unhealthy food advertisements on television*

*Child doesn't like fruits and vegetables*

*I always have to prepare meals; there are no fast solutions*

*Limited fast-food options that are healthy*

*Lack of exercise due to the lack of safe places*

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**MESSAGES MOST LIKELY TO PROMPT BEHAVIORAL CHANGE AMONG PARENTS**  
(RANKED BY ALL PARTICIPANTS' TOP CHOICE)

	<b><u>Top choice #</u></b>
<b>Studies show that children who are overweight or obese are more likely to have serious health problems like childhood diabetes, high blood pressure, and high cholesterol.</b>	
San Diego college-educated general market mothers	0
San Diego non-college-educated general market mothers	5
San Diego non-college-educated general market fathers	2
Los Angeles non-college-educated general market mothers	0
Los Angeles English-speaking Hispanic mothers	5
Los Angeles African-American mothers	5
Berkeley African-American mothers	3
Berkeley African-American fathers	4
Berkeley non-college-educated general market mothers	0
Clovis Spanish-speaking Hispanic mothers	1
Clovis non-college-educated general market mothers	1
Clovis non-college-educated general market fathers	0
Encino Spanish-speaking Hispanic mothers	1
Encino Spanish-speaking Hispanic mothers	3
Encino Spanish-speaking Hispanic fathers	2
<b><i>All participants</i></b>	<b>32</b>



**MESSAGES MOST LIKELY TO PROMPT BEHAVIORAL CHANGE AMONG PARENTS**  
(RANKED BY ALL PARTICIPANTS' TOP CHOICE)

	<b><u>Top choice #</u></b>
<b>Studies show that children who don't eat right and don't get enough exercise have problems in school as early as kindergarten, including poor concentration, lower test scores in both math and reading, and higher absenteeism.</b>	
San Diego college-educated general market mothers	1
San Diego non-college-educated general market mothers	0
San Diego non-college-educated general market fathers	4
Los Angeles non-college-educated general market mothers	1
Los Angeles English-speaking Hispanic mothers	3
Los Angeles African-American mothers	2
Berkeley African-American mothers	4
Berkeley African-American fathers	1
Berkeley non-college-educated general market mothers	4
Clovis Spanish-speaking Hispanic mothers	0
Clovis non-college-educated general market mothers	3
Clovis non-college-educated general market fathers	3
Encino Spanish-speaking Hispanic mothers	1
Encino Spanish-speaking Hispanic mothers	1
Encino Spanish-speaking Hispanic fathers	0
<b><i>All participants</i></b>	<b><i>28</i></b>

**MESSAGES MOST LIKELY TO PROMPT BEHAVIORAL CHANGE AMONG PARENTS**  
(RANKED BY ALL PARTICIPANTS' TOP CHOICE)

	<b><u>Top choice #</u></b>
<b>Studies show that even in kindergarten, overweight and obese children are more likely to be stigmatized as "lazy, stupid, slow and self-indulgent," which can lead to depression, poor self-esteem, negative self-image and fewer friendships.</b>	
San Diego college-educated general market mothers	0
San Diego non-college-educated general market mothers	1
San Diego non-college-educated general market fathers	2
Los Angeles non-college-educated general market mothers	3
Los Angeles English-speaking Hispanic mothers	2
Los Angeles African-American mothers	0
Berkeley African-American mothers	1
Berkeley African-American fathers	0
Berkeley non-college-educated general market mothers	2
Clovis Spanish-speaking Hispanic mothers	0
Clovis non-college-educated general market mothers	1
Clovis non-college-educated general market fathers	2
Encino Spanish-speaking Hispanic mothers	3
Encino Spanish-speaking Hispanic mothers	2
Encino Spanish-speaking Hispanic fathers	0
<b><i>All participants</i></b>	<b>19</b>

**MESSAGES MOST LIKELY TO PROMPT BEHAVIORAL CHANGE AMONG PARENTS**  
(RANKED BY ALL PARTICIPANTS' TOP CHOICE)

	<b><u>Top choice #</u></b>
<b>The big corporations that sell junk food and fast food aggressively market to kids as young as three or four. This leads them to ask for unhealthy foods and to develop unhealthy eating habits that will have consequences for years to come.</b>	
San Diego college-educated general market mothers*	4
San Diego non-college-educated general market mothers*	1
San Diego non-college-educated general market fathers*	2
Los Angeles non-college-educated general market mothers	1
Los Angeles English-speaking Hispanic mothers	0
Los Angeles African-American mothers	1
Berkeley African-American mothers	0
Berkeley African-American fathers	3
Berkeley non-college-educated general market mothers	2
Clovis Spanish-speaking Hispanic mothers	2
Clovis non-college-educated general market mothers	1
Clovis non-college-educated general market fathers	0
Encino Spanish-speaking Hispanic mothers	0
Encino Spanish-speaking Hispanic mothers	1
Encino Spanish-speaking Hispanic fathers	1
<b><i>All participants</i></b>	<b>19</b>

\* Wording in San Diego groups: "The big corporations that sell junk food and fast food aggressively market to kids as young as three or four. If we as parents don't do everything we can to fight back by making sure they eat the right foods, our kids will develop unhealthy habits and suffer the consequences for years to come."

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## APPENDIX: DISCUSSION GUIDE

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### YOUNG CHILDREN AND HEALTH LIFESTYLES

#### FINAL DISCUSSION GUIDE

#### I. **Introduction** (0:00)

- A. Let's begin by going around the table briefly and having each of you tell us your first name, what you do for a living (mother's groups:) if you are currently working outside the home, and also who lives in your household with you.

#### II. **Childhood Obesity in Context** (0:05)

- A. Healthy Lifestyles: Challenges for Parenting Young Children

So, you're all mothers/fathers of young children. Some of you have told me that you have infants or older children too, but for the purposes of this discussion, I'd like you to focus on your child or children between the ages of 2 and 5.

I'd like to start off by talking to you about the challenges that you face as parents helping your children to grow up healthy.

1. **EASEL EXERCISE #1.** I'm going to create a list on the easel. What are some of these challenges? What worries or concerns do you have as a parent about your children's health and overall well-being (probe for concerns related to obesity: too much TV/videos, lack of opportunities for safe physical activity, balanced diet, too much junk food, etc)?
2. (Probe on concerns related to obesity:) Why is that an important concern? Tell me a little about that challenge.

## **B. Sorting it Out: Diet, Activity, and Weight (0:15)**

I'd like to talk more about some concerns that you might have as parents helping your children to grow up healthy and develop healthy habits.

1. **EASEL LIST #1** Here are three issues that some parents have told us they have concerns about or deal with in their households. Let's read them over and talk about each of these issues.

Making sure that children have good eating habits, including the types of food that they eat, the quantity or amount of food that they eat, and their eating routines, including things like snacking.

Making sure that children get the right amount of physical activity each day.

Making sure that children maintain a healthy weight.

2. Let's discuss each of these issues one at a time. (For each issue ask:)
  - a. What do you know in this area? How much do you feel that you know about this issue?
  - b. Is this issue a concern that you have for your own children? Do you have experience dealing with this in your own households?
  - c. If you have a concern in this area, how do you deal with it? What steps do you take? How do you know what to do?
3. (Photo Display) Before we move on, I'd like to show you a photo and get your reaction. (Show photo to group.) How would you describe the man/woman in this picture? Does this person look healthy to you or not? Why do you feel that way?

### III. The Role of Parents and Family Routines (0:30)

#### A. Empowering Parents

1. Let's take a step back for a minute. As parents, is it pretty easy or pretty hard to make sure that your children are doing okay in the three areas that we've been talking about? When it comes to these issues, do you feel mostly in charge and confident or do you feel mostly like you're not in control?
2. What are some of the things that make it harder for you as a parent to deal with these issues?
  - a. (Probe specifically:) How about the ads or commercials on TV shows that your kids watch for different foods, whether it's sugar cereals, cookies or other things you may not want to them to have a lot of? How big a problem is this for you? When your kids watch TV, do they respond to these ads by then asking you for those foods?
  - b. If so, what is the answer? How would you feel about a rule that bans commercials on kids TV programs for junk food? Or is the answer to turn off the TV? Or is the answer to learn to say no to your kids when they ask for these foods?
3. **EASEL EXERCISE #2.** On the easel I'd like to list some of the challenges that you face as parents in dealing with these issues that we've been discussing. For example, some of you have already told me (give example from discussion so far, i.e.: your kids like to watch a lot of TV). What are some other challenges that you face on these issues in your everyday life with your children?
  - a. Create easel list (Probe for things like: having enough time to prepare/eat family meals, having safe & available places for children to be physically active, behavioral issues/temper tantrums/children demanding snacks or sweets.)
  - b. Which one or two of these things are the biggest challenges for you personally in parenting your children? Which one or two of these things would you most want to change if you could?

- c. Who or what is responsible for this situation? I'm less concerned with who or what is to blame than who or what is responsible for fixing this problem.

## **B. Information (0:40)**

1. As parents, how informed and knowledgeable do you feel in helping your children with these issue? Going back to the three issues that were on the first easel list (turn back to Easel List #1) do you feel that you know what you need to know in each of these areas to guide and parent your children or not really?
2. What signs or things would you look for to decide whether your child is having a problem in this area?
  - a. Do you think that you would know if your child was having a problem in this area or would you wait for your pediatrician or someone else to tell you?
  - b. (On "maintaining a healthy weight," ask:) At what age do you really begin to worry about a child being overweight? Is there an age where it is really too early to be concerned? Why do you feel that way?
    1. How do you know what a healthy target weight for your child is? Do you have that information in mind—if so, where did you get it and if not, would it be helpful?
    2. When you think about this issue, do you go by how a child *looks* or what a child actually *weighs*? Why?
    3. How would you describe children age 2-5 who are heavier than their healthy target weight? Some people refer to this problem as "childhood obesity;" what do you think of when you hear that term? What age children come to mind?

- c. (On “healthy eating habits” and “physical activity,” ask:) And is there an age where this really becomes an issue and an age before which you’re really not worried about young children’s eating habits or level of physical activity? Why do you feel that way?
  - 1. Let me ask you a couple of specific questions. How many of kids drink whole milk and how many drink low fat or skim milk? When do you think you change a child from whole milk to low fat milk. Also, how many of your children drink fruit juice? How much do they drink every day? Is fruit juice a nutritious item in their diet? Why do you see it that way?
- 3. How many of you have a regular pediatrician or pediatric practice where you take your child for appointments, including for sick visits and for well-child check ups?
  - a. When you take your child to the pediatrician or for medical treatment, is this something that he or she talks to you about?
  - b. Does your pediatrician tell you how to assess your child’s weight and whether his/her weight is in the healthy range?
  - c. How about diet and exercise/activity—are those topics that you talk to your pediatrician about?
- 4. **EASEL LIST #2.** On the easel I have listed a few areas that some parents have told us they want to know more about. Let’s talk about each one briefly and tell me whether you feel like you have enough information in that area to guide you as a parent or whether you really need more information.

The amount of physical activity children should get each day, including types of play activities and amount of time spent doing physical activities.

The number and size of servings children should have of different food groups each day, such as fruits, vegetables, dairy products or meat products.



The consequences or problems that children may face from being overweight.

Parenting approaches or techniques to help children and families develop healthier eating habits and activity routines.

- a. Ask and probe briefly about each item. (i.e. What do you think is the right amount of physical activity that children age 2-5 need? From what you know, how many servings of fruit and vegetables should children age 2-5 eat each day? What do you know about some of the consequences or risks that overweight children face?)
  - b. In which of these areas would it be most helpful to you as a parent to have more information? What do you really need to know to help you be a better parent in this area?
  - c. Is this information you really don't have or is this information that you sort of know, but need to be reminded of?
  - d. Are there other areas or issues that you need more information about? What are they?
  - e. Now let's think about these issues realistically in terms of how they fit in with your busy lives as moms/dads of young kids. Which changes are most realistic for you to make—how easy or hard would it be for you to change your child's diet, change his/her routines to include more physical activity, or change your approach to parenting in these areas?
5. Where would you turn for information about how to help your child maintain a healthy weight, eat a balanced diet and get the right amount of physical activity? Besides your pediatrician, who would you turn to or trust to give you advice in this area?
- a. (Probe specifically:) Who else would be a good spokesperson on this issue?

C. WHOSE PROBLEM (0:55)

Let's talk about how you see your role as parents with regard to these issues.

1. Whose job is it to make sure that your children maintain a healthy weight, develop healthy eating habits and get physical activity? (Mothers:) As mothers, is that primarily your job? What role does your husband/your children's father or other caregivers play? What role does your child play? (Fathers:) Is that more the job of your wife/your children's mother, or is that your job too?
2. Why do you feel that way? Who else has an important role in this area?
3. I'd like to ask you about different ways that people think about this issue. Some people say that some children just have a genetic tendency to be heavy or overweight and that there really isn't much that can be done to change or prevent that. Other people think that diet and exercise play a more important role than genetics in determining whether a child is overweight.
  - a. How do you feel about this issue? How does this affect your role as parents?

## D. Message Testing (1:05)

1. **HANDOUT A.** On this sheet are some statements about how the issues that we've been discussing tonight might affect young children. Let's read them over together and then we'll discuss them.
  1. Studies show that children who don't eat right and don't get enough exercise have problems in school as early as kindergarten, including poor concentration, lower test scores in both math and reading, and higher absenteeism.
  2. Studies show that even in kindergarten, overweight and obese children are more likely to be stigmatized as "lazy, stupid, slow and self-indulgent," which can lead to depression, poor self-esteem, negative self-image and fewer friendships.
  3. Studies show that children who are overweight or obese are more likely to have serious health problems like childhood diabetes, high blood pressure, and high cholesterol.
  4. The big corporations that sell junk food and fast food aggressively market to kids as young as 3 or 4. This leads them to ask for unhealthy foods and to develop unhealthy eating habits that will have consequences for years to come.
2. How do you feel about these statements? Does this information surprise you? Do you find it believable? Why do you feel that way?
3. Please circle the one statement that really stands out in your mind as an important reason to be thinking about and concerned about this issue. (Review selections) Which one did you select? Why?